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Facsimile Transmittal

DATE: August 19, 2004

TO: USPTO

ATTN: EXAMINER Abul K. Azad

RE: Serial No. 09/690,915

FAX: 703-872-9306

FROM: Kyong H. Macek, Reg. No. 42,977

Number of Pages Sent: (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN (17) PAGES; A ONE (1) PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

August 19, 2004(Date of Deposit)	
And Andrews	
(Name of the Person Making the Deposit)	
(VMU (Mallux)	
(Signature)	
(Kignatura)	

Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 000426 In Re Application of: Huang Serial Number: 09/690,915 Filed: October 17, 2000 Examiner: Abul K. Azad

Group Art Unit: 2654

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$ The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: August 19, 2004 Signature: Wyong H. Maccel, Reg. No. 42,977 Phone No. 858-651-5797 Phone No. 858-651-5797 Phone No. 858-651-5797	CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Bntity Fee	Fee Paid
Multiple Dependent Claim(s): Yes No \$290 \$ One Month \$110 \$ EXTENSION FEES Two Months \$420 \$ Three Months \$950 \$ TERMINAL DISCLAIMER \$110 \$ "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$ The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credical any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: August 19, 2004 Signature: WALCOMM Incorporated the August 19, 2004	Total*	28	65		x \$18=	\$
EXTENSION FEES One Month \$110 \$ Two Months \$420 \$ Three Months \$950 \$ TERMINAL DISCLAIMER "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Fee charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$ The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Place August 19, 2004 Signature: **Wyms.H. Macel, Reg. No. 42,977 Phone No. 858-651-5797 Phone No. 858-651-5797 Phone No. 858-651-5797	Independent**	5	12		x \$86=	\$
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Three Months \$950 \$ TERMINAL DISCLAIMER \$110 \$ *If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. TOTAL FEE \$0 **If the number in column and/or extension fees. To TAL FEE \$0 **If the number in column and/or extension fees. To TAL FEE \$0 **If the number in column and/or e			□ O:	ne Month	\$110	\$
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**If the number in column a is less than 3, enter 0 in column c. Total Fee So		TERMINAL I	DISCLAIMER		\$110	\$
Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$ The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Pate: August 19, 2004 Signature: Young H. Macel, Reg. No. 42,977 Phone No. 858 651-5797 Phone No. 858 651-5797 Phone No. 858 651-5797					TOTAL FEE	\$0
	to 37 CFR to 37 CFR	issioner is further he 1.25(b), any fee wh 1.18 inclusive, for t	creby authorized to atsoever which ma	charge to said De y become properly of this application	eposit Account No. 17-002 y due or payable, as set for y without specific addition	26, pursuant orth in 37 CFR 1.16 mal authorization.
	to 37 CFR to 37 CFR to 37 CFR Date: August 19 QUALCOMM In Attn: Patent Dep 775 Morehouse an Diego, Califo elephone: acsimile:	issioner is further he 1.25(b), any fee wh 1.18 inclusive, for to 2, 2004 corporated artment Drive ornia 92121-1714 (858) 658-5787 (858) 658-2502	ereby authorized to tatsoever which mathe entire pendency	charge to said De y become properl of this application Signature:	eposit Account No. 17-002 y due or payable, as set for without specific addition young H. Macel, Reg. No. Phone No.858-651-5797 SSION (37 CFR 1.8(a)) ng:	26, pursuant orth in 37 CFR 1.16 nal authorization.
deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. It ransmitted by facsimile to the Patent and Trademark Office. Depositor's Name Ann Andrews	to 37 CFR to 37 CFR to 37 CFR to 37 CFR Date: August 1! QUALCOMM In Attn: Patent Dep 775 Morehouse San Diego, Califor Telephone: Cacsimile: deposited with sufficie envelope ac Patents, P.O.	issioner is further he 1.25(b), any fee wh 1.18 inclusive, for th 2, 2004 corporated artment Drive brain 92121-1714 (858) 658-5787 (858) 658-2502 CERTIFI that this corresponder MAILING the United States and postage as first of dressed to the Cor	CATE OF MAILI nce is, on the date s Postal Service ass mail, in an mmissioner for	charge to said De y become properl of this application Signature: NG/TRANSMIS hown below, bein Tradema	eposit Account No. 17-002 y due or payable, as set for without specific addition young H. Macel, Reg. No. Phone No.858 651-5797 SSION (37 CFR 1.8(a)) ng: FACSYMILE ted by facsimile to the ark Office.	26, pursuant orth in 37 CFR 1.16 mal authorization.

Attorney Docket No. 000426

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In Re Application of:

For: METHOD AND APPARATUS FOR

AUG 1 9 2004

Huang

HIGH PERFORMANCE LOW BIT-

RATE CODING OF UNVOICED

SPEECH

Serial No.:

09/690,915

Group Art Unit: 2654

Filed: October 17, 2000

AMENDMENT

Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450

Attention:

Examiner Abul K. Azad

Dear Sir:

Applicant through his attorney respectfully requests that the three month shortened statutory period for response to the outstanding Office Action of April 22, 2004, due August 22, 2004.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Commissioner of Patents, P.O. BOX 1450, Alexandria, VA 22202

Depositor's Name:

(type or print name)

Date: August 19, 2004

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mansmitted by facsimile to the Patent and Trademark Office.

Depositor's Name

1

(AMENDMENTFORM. VER1.0-07/30/03)